

Attachment A  
General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.

The federal Deficit Reduction Act of 2005 (DRA) reauthorized TANF and introduced new requirements. As directed by the DRA, the Health and Human Services (HHS) issued regulations to define the federally listed work activities. The State separates work activities into core work activities, i.e., those that count toward the federal 20 hour per week minimum average in specific activities, and non-core activities, i.e., all other qualified work activities that count toward the total work requirement for the individual as defined in 45 CFR § 261.31. Work activities are defined in New Mexico's Temporary Assistance for Needy Families (TANF) State Plan and the Work Verification Plan (see attachment).

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

The state allows transitional childcare for twelve months after the closure of the TANF case due to earnings from employment. The New Mexico Works Act (NMW) at § 27-2B-12 mandates that a benefit group who does not receive cash assistance is eligible for support services, such as, transitional Medicaid, transitional food stamps, and childcare, if the benefit group's total income is less than 100% of the Federal Poverty Guidelines.

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

The family's TANF cash assistance benefit amount is reduced by 25% for the first failure of a mandatory work participant to engage in work; the benefit amount is reduced by 50% for the second failure of a mandatory work participant to engage in work; the TANF case is closed for a six month period for the third failure of a mandatory work participant to engage in work. The sanctions are cumulative to the individual and are never "erased". The sanction progresses to the next level if the mandatory work participant does not take action to comply with work requirements. A description of work program sanctions is found in the TANF State Plan (see Attachment).

4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:

i. Licensed/regulated in-home child care: 0

ii. Licensed/regulated family child care: 0

iii. Licensed/regulated group home child care: 0

iv. Licensed/regulated center-based child care: 0

v. Legally operating (i.e., no license category available in State or locality) in-

home child care provided by a non-relative: 0
<u>vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 0</u>
<u>vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 0</u>
<u>viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0</u>
<u>ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0</u>
<u>x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0</u>
<u>xi. Legally operated (i.e., no license category available in State or locality) center-based child care. 0</u>
<p><u>5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.</u></p> <p>The State has adopted the Family Violence Option (FVO) as part of its TANF State plan. The program description is found in the State Plan (see Attachment). Funding is provided to the Children Youth and Families Department (CYFD) which in turn funds approved service providers. Since FFY 2010, the referral process to CYFD has undergone changes to preserve the confidentiality of clients being referred for services. A total of 7 good cause domestic violence waivers were granted in FFY 2010. In an effort to further ensure appropriate alternative services for victims of domestic violence, HSD and CYFD amended the Scope of Work to add the following services: a. Evaluation of NMW program participant Individual Responsibility Plans (IRP) and Work Participation Agreements (WPA) to ensure that the program expectations are appropriate for those TANF participants who have a positive screen for domestic violence; b. Assist the participant in the collection of documentation, validation, and reporting of family circumstances that may substantiate a Family Violence Option (FVO) waiver of the NMW work requirement, eligibility of TANF cash assistance beyond the sixty (60) month lifetime limit (hardship extension), and/or domestic violence good cause exemption from the work requirement.</p>
<u>6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:</u>
<u>i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;</u>
<u>ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;</u>
<u>iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.</u>
(i) Eligibility criteria associated with such benefits effective February 1, 2000 the state implemented a Diversion Assistance Program for applicants of TANF/NMW

Cash Assistance. Effective August 14, 2009, the diversion lump sum payment was increased from \$1000 to \$1500 cash payment. There is a lock out period of twelve months in which the recipients cannot apply for cash assistance. Eligibility for Diversion requires a finding that the applicant has a specific need that will allow the applicant to keep a job or accept a bona fide offer of employment. Recipients of Diversion remain eligible for support services such as child care, transportation, and referral to the work program contractor for case management services. Diversion assistance is described in the TANF State Plan (see Attachment). (ii) Policies that limit such payments to TANF eligible families: none (iii) Procedures/activities to ensure individuals diverted from assistance receive transition information: during the lock out period the recipients of Diversion are categorically eligible for Food Stamps. The lump sum payment is not considered as a resource or income in determining eligibility for Medicaid. The recipients will be eligible for TANF funded child care.

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

The State of New Mexico has not received a displacement complaint since it began its TANF program. HSD has written into its Scope of Work a requirement for TANF/NMW service providers to accept and resolve displacement complaints. In addition to these grievance procedures, HSD will continue the following preventative procedures: 1. Ensure that prior to placement of a work program participant receiving TANF funds in a vacant position, the work program contractor will certify with the employer that the position is not vacant as a result of a layoff of an employee, or termination by the employer, or reduction in force in order to fill the position with the TANF work program participant. 2. The work program contractor will certify that displacement has not occurred with the Bureau Chief of the Work and Family Support Bureau for the Income Support Division and that certification will be filed in the Bureau file for the individual. 3. Any assertion of displacement by an employee of the business where a TANF funded work participant has been placed will be investigated within 10 days of the date the employee contacts the ISD. 4. Based on all information presented, the ISD Director will make the determination whether displacement has occurred. The HSD, Office of General Counsel, will review the determination. 5. The ISD Director will issue a written finding to the employee, employer and work program contractor. A finding that displacement has occurred will result in immediate removal of the TANF funded work participant from the position of the displaced employee. A finding that displacement has not occurred will result in continued employment of the TANF funded work participant in the position. The TANF State Plan includes procedures to ensure that the State will not displace any employees through the placement of TANF participants in work activities. See TANF State Plan.

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

a. 1.) Graduation Reality and Dual Roles Skills (GRADS) - The mission of the multi component New Mexico GRADS System is to facilitate parenting teens' graduation and economic independence, promote healthy multi-generational families, and reduce risk-taking behaviors. The program helps reduce repeat pregnancies, retain students through graduation, develop positive parenting skills, develop skills for healthy relationships, foster a balance of work & family roles, prepare students for work and careers, reduce low birth-weight babies and demonstrate positive health care practices. The program served 805 pregnant and/or parenting teens ages 13-21 in grades 6-12 and students who want to make a difference in the lives of their peers. 2.) Family Planning Program - The New Mexico Department of Health Family Planning Program promotes and provides comprehensive family planning services, including clinic-based services and community education and outreach, to promote health and reproductive responsibility. These family planning services aid individuals and families in making choices regarding the spacing and number of their children. Family planning is an integral component of the Department of Health's efforts to reduce teen pregnancy, prevent unintended pregnancies and STDs, reduce infant mortality and morbidity, and improve the health of women and men of all ages.

**b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):**

The Family Wellness program at New Mexico State University Family and Consumer Sciences Department and Extension Home Economics Department, targets single parents and cohabitating couples interested in marriage, and married couples. Low income, predominantly minority families are educated about the importance of healthy, stable relationships for the well-being of children and adults. Families are provided with skills training in communication and conflict resolution, effective discipline, and family functioning. Families also learn about domestic violence and parenting children from previous relationships. 286 families were served this FFY.

**9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 140**

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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Head Start (for children of TANF recipients)
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age five, pregnant women and their families. They are child-focused programs with the overall goal of increasing the social competence of young children in low-income families. The term "social competence" is meant to describe a child's everyday effectiveness in dealing with his/her present environment as well as later responsibilities in school and life. Social competence takes into account the inter-relatedness of social, emotional, cognitive and physical development.
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of the program is to give young, low-income children exposure to social skills and learning environments that better prepares them for academic and social success. Head Start is a program for children only. However, participating children only come from families receiving TANF cash assistance and who are engaged in qualified work activities as defined in the TANF State Plan (see Attachment).
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$248,616
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$248,616
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 71
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Only children of families that are receiving TANF assistance are referred to this program. Eligibility is defined in the TANF State Plan (see Attachment).
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

Attachment B 1  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Community-Based Services

2. Description of the Major Program Benefits, Services, and Activities:

The Community-Based Services program is administered by the NM Children, Youth, and Families Department (CYFD). Funded service providers are located within local communities where they can best ameliorate the problems and issues faced by low-income families.

3. Purpose(s) of Benefit or Service Program:

The purpose of these programs is to improve and enhance the emotional, mental and behavioral health of the children, youth and families served. The outcomes of this program include improved child behavioral and emotional functioning, reduced substance use, improved school performance, improvement in family functioning, increased home stability/safety, and decrease in involvement in the legal system. The relevant TANF purpose (Section 404a) is to provide assistance to families in need so children may remain in their own homes or the homes of relatives.

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$2,381,050

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,381,050

8. Total Number of Families Served under the Program with MOE Funds: 11,109

This last figure represents (Check one):

☐ The average monthly total for the fiscal year.   ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Children eligible for Medicaid up to 235% poverty

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0



Attachment B 2  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Child Care
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> During FFY 2010, subsidized childcare was available to all families receiving TANF and TANF eligible families. Childcare is provided through the Child Care Development Fund (CCDF) and was administered by the NM CYFD. The State counts toward its maintenance-of-effort requirement the allowable match for the CCDF program.
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of this program is to assist and support low-income families in caring for their children while the adult family members work or are engaged in training or other work-related activities. The relevant TANF purpose is to provide assistance to families in need so children may remain in their own homes or the homes of relatives.
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$5,889,358
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$5,889,358
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 880
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Families currently participating in the TANF program are automatically eligible for Childcare. All others must meet the Federal Poverty Guidelines (FPG) of 165% for this program.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

Attachment B 3  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Family Preservation And Child Protective Services (Title IV - A/EA)
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Family Preservation is focused on intensive short-term services aimed at keeping families together. Services provided include intensive home-based interventions, family counseling, and referrals to other agencies/services as needed to support the preservation of intact families. Child Protective Services (CPS) provides the investigation of abuse and neglect within the child welfare system. Services include referrals, investigations, assessments and interventions. These services continue until a determination is made that a family cannot remain intact, when a judge determines at the adjudication hearing that children must be placed in the custody of the CYFD.
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of these programs is to encourage and facilitate the maintenance of intact families. Relevant TANF purpose is to provide assistance to families in need so children may remain in their own homes or the homes of relatives.
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$8,037,436
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$8,037,436
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 17,493
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Children eligible for Medicaid up to 235% FPG
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0



Attachment B 4  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Child Support Disregard
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> The first \$50 in child support collected by the NM HSD Child Support Enforcement Division (CSED) is passed on to the TANF benefit group. This money is disregarded, or not counted as income in determining eligibility. This has the effect of increasing their monthly benefit amount. The total expenditure for the child support disregard is paid with State MOE dollars.
<u>3. Purpose(s) of Benefit or Service Program:</u> The purpose of the benefit is to give low-income families additional temporary assistance that is necessary to meet their financial needs.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$512,445
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$512,445
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 2,855
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Eligibility is defined in the TANF State Plan (see Attachment)
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B 5  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

**1. Name of Benefit or Service Program:**

Assistance Program for State Funded Aliens

**2. Description of the Major Program Benefits, Services, and Activities:**

Authorized under the Public Assistance Act, NMSA 1978, amended Chapter 27, Article 2, Section 7. A 1998 amendment to the Public Assistance Act provided for state funded assistance to "lawful resident immigrants who would otherwise be eligible for cash assistance or services pursuant to the New Mexico Works Act except that they began residing in the United States after August 22, 1996." The program provides state funded cash assistance to an immigrant who would be otherwise eligible for TANF cash assistance except that the immigrant is barred from receiving cash assistance for five years.

**3. Purpose(s) of Benefit or Service Program:**

Has the effect of maintaining and supporting the family because immigrants are usually parents of U.S. citizen children. State-funded immigrants are subject to the work requirements set forth in the NMW cash assistance program. Work requirements are described in the TANF State Plan.

**4. Program Type. (Check one)**

☒ TANF   ☐ State

**5. Description of Work Activities (Complete only if this program is a separate State program):**

N/A

**6. Total State Expenditures for the Program for the Fiscal Year:**   \$86,285

**7. Total State MOE Expenditures under the Program for the Fiscal Year:**   \$86,285

**8. Total Number of Families Served under the Program with MOE Funds:**   946

**This last figure represents (Check one):**

☐ The average monthly total for the fiscal year.   ☒ The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Eligibility is defined in the TANF State Plan (see Attachment).

**10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)**

☒ Yes   ☐ No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):**   \$0

Attachment B 6  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

**1. Name of Benefit or Service Program:**

Low Income Comprehensive Tax Rebate

**2. Description of the Major Program Benefits, Services, and Activities:**

The Low Income Comprehensive Tax Rebate (LICTR) allows a rebate to all households with modified gross income of \$22,000 or less. (Only new spending and the portion actually refunded are being claimed.) (Only new spending and the portion actually refunded is being claimed as MOE.)

**3. Purpose(s) of Benefit or Service Program:**

Virtually all poor New Mexicans qualify for this tax rebate, even if they have no earned income, because LICTR is not an income-based credit. Rather, it rebates a portion of the gross receipts tax on necessities. This tax disproportionately impacts the poor who have no choice but to spend virtually all of their income on gross receipts taxable commodities such as food. Three factors - availability of rebate absent any earned income, the longevity of the program, and the virtually anonymous non-stigmatizing delivery mechanism - contribute to the high number of poor families who apply for the credit. Estimates are that 90-95% of New Mexicans living in poverty file for LICTR rebates. The credit amount ranges approximately between \$10 - \$450, depending upon a taxpayer's modified gross income and number of exceptions claimed on the state income tax return.

**4. Program Type. (Check one)**

☒ TANF ☐ State

**5. Description of Work Activities (Complete only if this program is a separate State program):**

N/A

**6. Total State Expenditures for the Program for the Fiscal Year:** \$5,800,000

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$5,800,000

**8. Total Number of Families Served under the Program with MOE Funds:** 105,353

**This last figure represents (Check one):**

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Modified gross annual income of \$22,000 or less

**10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)**

☐ Yes ☒ No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):** \$4,400,000

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<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<b><u>1. Name of Benefit or Service Program:</u></b> Child Care Tax Credit
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Tax credit for 40% of child care expenses incurred. (Only new spending and the portion actually refunded are being claimed.)
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The Child and Dependent Care Credit is a tax benefit that helps families pay for child care they need in order to work or to look for work.
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$1,100,000
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$1,100,000
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 4,059
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Modified gross income of \$24,000 or less and be gainfully employed for the part of the year for which credit is claimed.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$350,000

Attachment B 8  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Pre-Kindergarten

2. Description of the Major Program Benefits, Services, and Activities:

The Pre-kindergarten or Pre-K program is a voluntary developmental readiness program for children who have attained their fourth birthday prior to September 1. The Pre-K program is a voluntary program (not universally available) for the provision of pre-k services throughout the State. The Children Youth and Families Department (CYFD) and the Public Education Department (PED) have collaborated to develop and implement this program.

3. Purpose(s) of Benefit or Service Program:

Special needs are present among the State's population of four-year-old children and those needs warrant the provision of pre-kindergarten programs. Participation in quality pre-kindergarten has a positive effect on children's intellectual, emotional, social and physical development. Pre-kindergarten will advance governmental interests and childhood development and readiness. The Pre-K program addresses the total developmental needs of preschool children, including physical, cognitive, social and emotional needs, and shall include health care, nutrition, safety and multicultural sensitivity.

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$15,712,194

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$15,712,194

8. Total Number of Families Served under the Program with MOE Funds: 3,679

This last figure represents (Check one):

☐ The average monthly total for the fiscal year.   ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Pre-K is only available in high-poverty public schools and is not a part of New Mexico's general free education system. Children who turn four years old before September 1st are eligible to participate in Pre-K programs. Pre-kindergarten services may be provided by public schools or eligible providers on a per-child reimbursement rate in communities with the highest percentage of public elementary schools that are designated as Title 1 schools and that service the highest percentage of public elementary students who are not meeting the

proficiency component required for calculating adequate yearly progress.

**10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)**

☒ Yes ☐ No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0**



Attachment B 9  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Kindergarten – 3 Plus

2. Description of the Major Program Benefits, Services, and Activities:

The Kindergarten – 3 Plus program extends the school year for kindergarten through third grade by up to two months for participating students and measures the effect of additional time on literacy, numeracy and social skills development.

3. Purpose(s) of Benefit or Service Program:

The purpose of K-3 plus is to demonstrate that increased time in kindergarten and the early grades narrows the achievement gap between disadvantaged students and other students and increases cognitive skills and leads to higher test scores for all participants.

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$8,824,791

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$8,824,791

8. Total Number of Families Served under the Program with MOE Funds: 7,537

This last figure represents (Check one):

☐ The average monthly total for the fiscal year.   ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

K-3 plus program is only available in high-poverty public schools and is not a part of New Mexico's general free education system. For the purposes of K-3 plus, "high-poverty public school" means a public school in which eighty-five percent or more of the students are eligible for free or reduced-fee lunch at the time the public school applies for the program.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 10  
Grantee Information

<u>State</u> <b>NEW MEXICO</b>	<u>Fiscal Year</u> <b>2010</b>
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Program Information

<p><b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Graduation Reality and Dual Roles Skills (GRADS)</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The mission of the multi component New Mexico GRADS System is to facilitate parenting teen's graduation and economic independence; promote healthy multi-generational families; and reduce risk-taking behaviors.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> New Mexico GRADS purpose is to: a.) reduce repeat pregnancies; b.) retain students through graduation; c.) develop positive parenting skills; d.) develop skills for healthy relationships; e.) foster a balance of work &amp; family roles; f.) prepare students for work and careers; g.) reduce low birth-weight babies; and h.) demonstrate positive health care practices.</p>
<p><b><u>4. Program Type. (Check one)</u></b>  <input checked="" type="radio"/> TANF    <input type="radio"/> State         </p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>    \$799,251</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>    \$799,251</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>    805</p>
<p><b><u>This last figure represents (Check one):</u></b>  <input type="radio"/> The average monthly total for the fiscal year.    <input checked="" type="radio"/> The total served over the fiscal year.         </p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Pregnant and/or parenting teens ages 13-21 in grades 6-12 and students who want to make a difference in the lives of their peers.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b>  <input checked="" type="radio"/> Yes    <input type="radio"/> No         </p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b>    \$0</p>

Attachment B 11  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Family Planning Program
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The New Mexico Department of Health Family Planning Program promotes and provides comprehensive family planning services, including clinic-based services and community education and outreach, to promote health and reproductive responsibility.
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> These family planning services aid individuals and families in making choices regarding the spacing and number of their children. Family planning is an integral component of the Department of Health's efforts to reduce teen pregnancy, prevent unintended pregnancies and STDs, reduce infant mortality and morbidity, and improve the health of women and men of all ages.
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$581,041
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$581,041
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 45,693
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Eligibility is based on a sliding fee scale according to the federal poverty guidelines. The sliding fee scale is used so there is no financial barrier to family planning services for low income people. Eighty-one percent (81%) of the clients served in 2005 in the New Mexico Department of Health Family Planning Program-funded clinics were below 100% poverty.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

Attachment B 12  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<p><b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Family Wellness Program</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Family Wellness classes for single parents and cohabiting couples interested in marriage, and married couples. Low income, predominantly minority families are educated about the importance of healthy, stable relationships for the well-being of children and adults. Families are provided with skills training in communication and conflict resolution, effective discipline, and family functioning. Families also learn about domestic violence and parenting children from previous relationships. Each class series consists of 12 two-hour sessions for the entire family. Classes are offered by highly trained marriage educators in English and Spanish. Participation – couple with domestic violence issues are referred to local agencies.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Significant, positive gains were reported in three areas: (1) couple relationship – commitment, communication, conflict resolution, and satisfaction; (2) parenting – empathy for children’s needs, use positive discipline methods, and appropriate expectations of children; and (3) family functioning – cohesion and flexibility, problem solving strategies, and family environment.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>   \$28,200</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>   \$28,200</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>   286</p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Families currently participating in the TANF program are automatically eligible.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b>   \$0</p>

Attachment B 13  
Grantee Information

<u>State</u> <b>NEW MEXICO</b>	<u>Fiscal Year</u> <b>2010</b>
<b>Program Information</b>	
<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>	
<b><u>1. Name of Benefit or Service Program:</u></b> Working Families Tax Credit	
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> A New Mexico resident who qualifies for the Federal Earned Income Tax Credit may claim a credit against their New Mexico tax liability. This credit is called the Working Families Tax Credit, which reduces state income tax liability. Any amount that is more than the tax liability will be refunded to the taxpayer. (Only new spending and the portion actually refunded are being claimed.)	
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The federal Earned Income Tax Credit (EITC) is the single most effective policy that lifts low-income working families out of poverty. The National Center for Children in Poverty found that the federal EITC reduces child poverty for young children by nearly 25 percent. A state Working Families Tax Credit builds on the benefits of the federal EITC. A Working Families Tax Credit provides crucial tax relief to hard-working, low-income families, helping them close the gap between what they earn and what they need to make ends meet.	
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State	
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> N/A	
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$37,800,000	
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$37,800,000	
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 151,109	
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.	
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Families who qualify for the federal EITC would also qualify for the Working Families Tax Credit. A New Mexico resident must meet the following requirements: a.) has a valid social security number; b.) is not filing separately from their spouse; c.) is a United States citizen or resident alien; d.) does not have foreign income; e.) does not have more than \$2,900 in investment income; and f.) has some earned income - example: wages, salaries, self-employment earnings, disability benefits.	
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No	

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0**



Attachment B 14  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Transition Bonus Program
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> The Transition Bonus Program provides a fixed monthly cash assistance bonus incentive to eligible TANF recipients who become employed. Participants in the Transition Bonus Program receive a monthly fixed \$200 bonus during an 18 month lifetime participation.
<u>3. Purpose(s) of Benefit or Service Program:</u> The Transition Bonus Program provides a limited duration and fixed monthly cash assistance bonus incentive to encourage the New Mexico Works families to transition from the New Mexico Works cash assistance into the Transition Bonus Program due to increased earnings, by maintaining a certain number of hours in paid employment. This program also provides supportive services on an ongoing basis to eligible participants.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$61,856
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$61,856
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 696
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Eligible TANF recipient has a household gross income of less than 150% of FPL and has received less than 60 months of TANF.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B 16  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> S.A.F.E. House
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> The shelter offers a safe haven where residents receive three nutritious meals per day and snacks; clothing and toiletries; health care; individual and group counseling; employment and housing referrals; transportation; legal advocacy and information; counseling for children and parental support. S.A.F.E. House services are available to all victims of domestic violence, regardless of gender. Services are available 24 hours a day, 365 days a year.
<u>3. Purpose(s) of Benefit or Service Program:</u> To shelter and empower survivors of intimate partner domestic violence and to improve the way New Mexico responds to this violence.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$1,450,279
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$1,450,279
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 4,278
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> S.A.F.E. House serves children and adults who are homeless or near homeless due to domestic violence. Families and children may receive services at S.A.F.E. House for as long as necessary to establish housing and stabilize their lives.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B 17  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Haven House Domestic Violence Program

2. Description of the Major Program Benefits, Services, and Activities:

Haven House is the domestic violence services provider and emergency shelter serving all of Sandoval County, and located in Rio Rancho, New Mexico. It has a five-bedroom shelter that can provide housing for approximately 20 women and children. It provides an array of services to victims of domestic violence including 24/7 crisis intervention, legal advocacy, case management, community and shelter support groups, individual counseling for victims and child-witnesses, life skill programs for victims and their children, and community education and training. Haven House conducts a 52-week Batterer's Intervention Program for perpetrators of domestic violence that holds abusers accountable for their acts of violence and abuse.

3. Purpose(s) of Benefit or Service Program:

To serve domestic violence victims and actively promote improvement in the community's response, with the ultimate goal of ending domestic violence in our community.

4. Program Type. (Check one)

☒ TANF ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$609,193

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$609,193

8. Total Number of Families Served under the Program with MOE Funds: 750

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Haven House Domestic Violence Program serves children and women who are homeless or near homeless due to domestic violence. Families and children may receive services for as long as necessary to establish housing and stabilize their lives.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0**

Attachment B 19  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Care Net Pregnancy Center of Albuquerque
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Care Net provides parenting and lifeskill education, professional counseling to assist with emotional and relationship issues, and a clothing closet to provide clothing, diapers, formulas and other essentials for children age 0-2.
<u>3. Purpose(s) of Benefit or Service Program:</u> Care Net is a non-profit counseling and pregnancy resource center committed to providing women and men with accurate, up-to-date information in order to make informed decisions about pregnancy, sexual health, and relationships. These services are provided through five centers in Albuquerque.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$290,134
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$290,134
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 3,349
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Care Net serves low income, needy families.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B 21  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Rio Grande Food Project
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Rio Grande Food Project is one of the largest and longest operating food pantries in Albuquerque. The twenty year old non-profit's mission is to feed hungry New Mexicans. The Food Project serves food hungry children, youth, adults and elderly. The pantry draws people from across the metro area and beyond.
<u>3. Purpose(s) of Benefit or Service Program:</u> The Rio Grande Food Project is a federally-designated 501(c) 3 organization dedicated to providing emergency food relief to hungry individuals and families throughout the Albuquerque metro area. Persons in need are given a week's worth of food for the entire household.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$262,108
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$262,108
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 15,792
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> The Rio Grande Food Project serves low income individuals and families in need.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0



Attachment B 22  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

**1. Name of Benefit or Service Program:**

Echo, Inc.

**2. Description of the Major Program Benefits, Services, and Activities:**

ECHO Inc. provides a varied assortment of food programs throughout the northern half of New Mexico. These services range from USDA Commodity Food Programs to individual emergency assistance-including a kid's elementary school backpack program, to being the food bank for other non-profit organizations feeding hungry and/or displaced individuals. ECHO also assists individuals with emergency situations. This assistance may take various forms ranging from case management to actual financial help with rent, medical bills, prescriptions, etc.

**3. Purpose(s) of Benefit or Service Program:**

ECHO is dedicated to providing food relief through various programs to hungry individuals and families throughout northern New Mexico.

**4. Program Type. (Check one)**

☒ TANF   ☐ State

**5. Description of Work Activities (Complete only if this program is a separate State program):**

N/A

**6. Total State Expenditures for the Program for the Fiscal Year:**   \$96,875

**7. Total State MOE Expenditures under the Program for the Fiscal Year:**   \$96,875

**8. Total Number of Families Served under the Program with MOE Funds:**   2,404

**This last figure represents (Check one):**

☐ The average monthly total for the fiscal year.   ☒ The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

ECHO serves low income individuals and families in need.

**10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)**

☒ Yes   ☐ No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):**   \$0

Attachment B 23  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

**1. Name of Benefit or Service Program:**

Crisis Center of Northern New Mexico

**2. Description of the Major Program Benefits, Services, and Activities:**

The mission of the Crisis Center of Northern New Mexico is to educate people to make positive choices that help build and sustain healthy families and a violence-free environment. The Crisis Center provides: emergency shelter for victims and children escaping domestic violence, a 52 week Batters Intervention group, counseling for victims children, and skills and knowledge services for job readiness, self-esteem, etc.

**3. Purpose(s) of Benefit or Service Program:**

The purpose of the Crisis Center of Northern New Mexico is to educate people on making choices that will help them build and sustain health families and violence-free environments; to develop innovative programming that drives results in the long term for victims, perpetrators, and children who have lived in violent environments; and to fulfill emergency needs for victims of domestic violence and their children.

**4. Program Type. (Check one)**

☒ TANF   ☐ State

**5. Description of Work Activities (Complete only if this program is a separate State program):**

**6. Total State Expenditures for the Program for the Fiscal Year:**   \$119,583

**7. Total State MOE Expenditures under the Program for the Fiscal Year:**   \$119,583

**8. Total Number of Families Served under the Program with MOE Funds:**   368

**This last figure represents (Check one):**

☐ The average monthly total for the fiscal year.   ☒ The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Crisis Center of Northern New Mexico serves children and adults who are homeless or near homeless due to domestic violence.

**10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)**

☒ Yes   ☐ No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):**   \$0

Attachment B 24  
Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<b><u>1. Name of Benefit or Service Program:</u></b> Catholic Charities
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Catholic Charities creates hope for those in need by promoting self-sufficiency, strengthening families, fighting poverty and building community. As the only agency in the State of New Mexico providing refugee resettlement services, Catholic Charities offers a variety of programs to assist families settle into their new home, community and country. The Catholic Charities Courtroom Advocacy Program is designed to assist renters who have fallen behind on their rent due to an illness or other unforeseen circumstances.
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Catholic Charities' staff is able to help individuals and families who are facing eviction. Staff work with these individuals to provide one month's rental assistance. Additionally, clients are provided with case management services, assistance in negotiating with their landlords, referrals to other social service agencies for additional services and assistance in locating more affordable housing.
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b>
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$442,522
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$442,522
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 700
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Low income and refugees.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

YWCA - Middle Rio Grand

2. Description of the Major Program Benefits, Services, and Activities:

YWCA Middle Rio Grande provides healthy meals and snacks to children, reaches thousands of women through their health equity educational outreach programs, provides mammograms and other diagnostic tests for women who otherwise would not be able to afford them, clothes thousands of women through Our Sister's Closet, and provides a program for homeless women veterans and their children.

3. Purpose(s) of Benefit or Service Program:

The YWCA and the Assistance League of Albuquerque formed a partnership to provide services to women in search of employment. This program, Our Sister's Closet, provides clothes to women who have been referred to the program by one of 55 agencies for job interviews and new jobs.

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year:   \$11,736

7. Total State MOE Expenditures under the Program for the Fiscal Year:   \$11,736

8. Total Number of Families Served under the Program with MOE Funds:   164

This last figure represents (Check one):

☐ The average monthly total for the fiscal year.   ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Low-income.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):   \$0

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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Barrett Foundation
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Barrett Foundation is an independent, nonprofit organization in Albuquerque, New Mexico, helping homeless women and children build better lives. In addition to food, clothing and shelter, Barrett Foundation provides case management, critical skills training and the support needed to plan and establish a more stable future for themselves and their children.
<u>3. Purpose(s) of Benefit or Service Program:</u> In addition to receiving emergency shelter each woman works with a case manager to set short and long term goals. Clients receive assistance and information regarding health care, childcare, employment, substance abuse treatment and mental health care. Barrett House is the entry point for our other programs.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$30,000
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,000
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 529
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> low-income and homeless.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Bethel Community Storehouse
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Provides groceries to low income and homeless families and individuals.
<u>3. Purpose(s) of Benefit or Service Program:</u> To assist the homeless and impoverished families and individuals through shelter, food, clothing assistance.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$2,556
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$2,556
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 151
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Low-income and/or homeless
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Girls, Inc of Santa Fe
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Girls, Inc. of Santa Fe offers programs to girls from ages 5-18 that build self-esteem, foster creativity, promote critical thinking skills.
<u>3. Purpose(s) of Benefit or Service Program:</u> Preventing Adolescent Pregnancy - provides girls and young women with the skills, insights, values, morivation , and support to postpone sexual activity, and to use effective protection. Mind + Body program - educates girls on healthy nutrition and drug prevention, while providing health snacks for all programs and providing food assistance to families when possible and as needed.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$134,000
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$134,000
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 680
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> 80% of poverty
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

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Grantee Information

<u>State</u> <b>NEW MEXICO</b>	<u>Fiscal Year</u> <b>2010</b>
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Storehouse West, Inc.
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Storehouse West is a non-profit, community-supported agency providing food, children's clothing and hygiene supplies to families and individuals experiencing short-term and long-term need.
<u>3. Purpose(s) of Benefit or Service Program:</u> Feeding Sandoval Co - program provides food for low-income residents; Kids Clothes Closet - program provides children's clothing for low-income families.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$256,504
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$256,504
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 1,200
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Low-income
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0



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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Enlace Comunitario</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Enlace Comunitario is a non-profit community based organization that provides direct services to Spanish-speaking victims of domestic violence and advocates for the rights of Latino immigrants and their children. Their holistic approach includes counseling, legal services, community education, leadership development and organizing to impact system change.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Programs offer case management for victims of domestic violence, to connect victims to community resources such as housing, shelter, cash assistance, food programs, etc. and to help them navigate through any barriers faced when accessing those services.</p>
<p><b><u>4. Program Type. (Check one)</u></b>  <input checked="" type="radio"/> TANF   <input type="radio"/> State </p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>    \$258,704</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>    \$258,704</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>    617</p>
<p><b><u>This last figure represents (Check one):</u></b>  <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal year. </p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Services offered to all victims of domestic violence but those who are below poverty receive additional supports.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b>  <input checked="" type="radio"/> Yes   <input type="radio"/> No </p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b>    \$0</p>

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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Community Action Agency of Southern New Mexico
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Community Action Agency of Southern New Mexico works with people with limited resources in southern New Mexico to enhance their independence and quality of life.
<u>3. Purpose(s) of Benefit or Service Program:</u> The Teen Parent Program helps pregnant and parenting teens who want to continue their education, enhance their parenting skills and improve the overall lives of themselves and their children. The Teen Parent Program provides case management to teen parents that are able to remain within their families of origin or successfully live independently. Participants must fulfill specified program requirements and meet regularly with the program's Case Manager. Food Bank - Monthly food distribution to all ages through member agencies.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$76,459
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$76,459
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 1,402
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> The program targets low-income applicants.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> HELP New Mexico, Inc.
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> HELP New Mexico envisions - and is committed to helping create - a New Mexico with full employment, minimal poverty and crime, and family self-sufficiency. HELP New Mexico wants to see a state with systems and services for children and families that are aligned and integrated. Its communities will have the capacity to address effectively teen pregnancy, high school dropout issues, drug use, and other problems.
<u>3. Purpose(s) of Benefit or Service Program:</u> Programs provide parenting education, utilities assistance, child development, child care training, youth education, daycare, foster grandparent assistance, IDAs, job development and job preparation.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$382,641
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$382,641
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 27,000
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Programs target low income families and individuals.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<b><u>1. Name of Benefit or Service Program:</u></b> City of Albuquerque Department of Family and Community Services East Central Center
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The City of Albuquerque's East Central Center staff provides emergency food, clothing, utility assistance and rental assistance, as well as seasonal services and activities to residents of the Northeast (Montgomery to Central and Tramway to Carlisle) and Southeast (Gibson to Central and Tramway to Carlisle) areas of Albuquerque.
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Clothing and Diaper Assistance - provide assistance to families in need of clothing and jackets and diapers for infants. Emergency Food Boxes - provide emergency food for families.
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b>
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$16,472
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$16,472
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 396
<b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Low - income families and individuals.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

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Grantee Information

<u>State</u> NEW MEXICO	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> St. Felix Pantry, Inc.
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> As a ministry under the sponsorship of the Felician Sisters, St. Felix Pantry, Inc. provides food and clothing during difficult times to needy families and individuals in central regions of New Mexico.
<u>3. Purpose(s) of Benefit or Service Program:</u> Programs provide food, clothing, utility and rental assistance to needy families and individuals.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$347,409
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$347,409
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 4,004
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Serving low income families and individuals.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

## Certification

Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

Signature

A stylized electronic signature in blue and red ink, appearing to read "E-sign".

Name Nicole A. Taylor

Title Acting Bureau Chief

Date Submitted 12/21/2010

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.